

BACKCOUNTRY TRAILS PROGRAM SUPERVISOR (Reference) EVALUATION

THIS SECTION TO BE COMPLETED BY APPLICANT'S IMMEDIATE SUPERVISOR OR WORK REFERENCE

Please print neatly or type and attach blank pages if you need more space.

NAME OF APPLICANT: _____

YOUTH CORPS (IF APPLICABLE): _____

PLEASE COMMENT ON THE FOLLOWING AREAS:

1. Applicants ability to work and live cooperatively with peers:

2. Work Performance (punctuality, work pace, work quality, learning ability, enthusiasm for work, ability to follow directions, safety consciousness):

3. Physical Fitness (include information on general health & physical condition, disabilities, any limitations):

4. Medical Record (work-related injuries, frequency of illness):

5. Applicant's ability to accept supervision, suggestions for improvement, and maintain safe practices and work pace with minimal supervision:

6. Please describe how the applicant responds to stressful situations (is the applicant unusually temperamental or easily frustrated?):

7. Applicants achievements, contributions, and quality of participation as an employee, or a member of a community:

8. Please describe any serious policy infractions:

9. How high is the applicant's level of desire for a Backcountry position?

10. Please provide any other information which you believe the Selection Panel should consider regarding this applicant:

IMMEDIATE SUPERVISOR (REFERENCE): _____

DATE: _____